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## BIB DATA SHEET

CONFIRMATION NO. 9870

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/567,498	03/02/2007	514	4123	FRZ-106US		
<b>RULE</b>						
<b>APPLICANTS</b> Michael Frass, Modling, AUSTRIA; Amir Kurtaran, Purkersdorf, AUSTRIA; Klaus Kaserer, Wien, AUSTRIA; Leopold Halling, Wien, AUSTRIA;						
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/AT04/00282 08/09/2004						
<b>** FOREIGN APPLICATIONS *****</b> AUSTRIA A 1252/2003 08/07/2003 AUSTRIA A 1440/2003 09/11/2003 AUSTRIA A 722/2004 04/27/2004						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b> 08/10/2007						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/MICHAEL C STOUT/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance MCS Initials	<b>STATE OR COUNTRY</b> AUSTRIA	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> RATNERPRESTIA P O BOX 980 VALLEY FORGE, PA 19482-0980 UNITED STATES						
<b>TITLE</b> Device Used for Needle Biopsy						
<b>FILING FEE RECEIVED</b> 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		